

**9 FAM 40.82 Exhibit I**  
**SSS FORM 725 (SAMPLE)**

(TL:VISA-183; 12-18-1998)

APPROVAL NOT REQUIRED



**SELECTIVE SERVICE SYTEM**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the release of any and all information contained in Selective Services records concerning me to the individual, agency, or organization named below.

Individual, agency, or organization

This authorize shall continue for 1 year unless sooner revoked in writing by the undersigned.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Selective Service Number)

\_\_\_\_\_  
(Date)

SSS Form 725 (8-10-65)

U.S. GOVERNMENT PRINTING OFFICE

**NOTE** Posts may reproduce this form locally, as needed. If it is more convenient for the posts to use forms provided by the Selective Service System, requests for forms should be made by memorandum addressed directly to the National Headquarters, Selective Service System, 1724 'F' Street N.W., Washington, D.C. 20435, with no reference to the Department.